

Express Mail Number: EV 318425689 US

Date Deposited: 07/15/2003

PTO/SB/05 (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|   |   |   |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
|---|---|---|----------------|---|---|--|------|---------------------------------|--|--|---------|-----------------|--|--|--------------------------|--|--|------|---------------|-------|----|---------|-----|-----------|----------------|-------------------|--------------------------|--|--|-----------|--|--|--|-----------------------------------|--------|--|--|------|---------|--|--|
| <b>APPLICATION ELEMENTS</b><br><i>See MPEP chapter 600 concerning utility patent application contents.</i>  |   | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231  |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i><br>2. <input type="checkbox"/> Applicant claims small entity status.<br><i>See 37 CFR 1.27.</i><br>3. <input checked="" type="checkbox"/> Specification [Total Pages 70]<br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings <i>(if filed)</i><br>- Detailed Description -Redline Specification ____ pgs<br>- Claim(s) -Clean Specification ____ pgs<br>- Abstract of the Disclosure<br><br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets 9 ]<br><br>5. Oath or Declaration [ Total Pages 2 ]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br><i>(for continuation/divisional with Box 18 completed)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br><i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i><br><br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  |   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| <b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> <input type="checkbox"/> Attorney</li> <li>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></li> <li>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></li> <li>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</li> <li>17. <input checked="" type="checkbox"/> Other: <i>Copy of Notification of Filing Continuing or Divisional Application from Parent Case 09/892,157 filed 10/10/2001</i></li> </ul>   |   |   |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| 18. This application is:<br><br><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <span style="float: right;">09/892,157</span><br><i>Prior application information:</i> Examiner N. Ahmad <span style="float: right;">Group Art Unit: 1772</span><br><br><input checked="" type="checkbox"/> As a CON, DIV, or CIP, this application contains one or more changes to (1) the specification; (2) drawings; or (3) claims in the above-identified prior application. A red-line version of the application showing these changes will be made available to the examiner upon request.   |   |   |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| <b>19. CORRESPONDENCE ADDRESS</b><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 40%; text-align: center;">30589<br/><i>(Insert Customer No. or Attach bar code label here)</i></td> <td style="width: 40%; text-align: right;">or <input type="checkbox"/> Correspondence address below</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Name</td> <td colspan="3" style="width: 75%; padding: 5px;">Dunlap, Coddling &amp; Rogers, P.C.</td> </tr> <tr> <td rowspan="2" style="width: 25%; padding: 5px;">Address</td> <td colspan="3" style="width: 75%; padding: 5px;">P. O. Box 16370</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Kathryn L. Hester, Ph.D.</td> </tr> <tr> <td style="width: 25%; padding: 5px;">City</td> <td style="width: 25%; padding: 5px;">Oklahoma City</td> <td style="width: 25%; padding: 5px;">State</td> <td style="width: 25%; padding: 5px;">OK</td> </tr> <tr> <td style="width: 25%; padding: 5px;">Country</td> <td style="width: 25%; padding: 5px;">USA</td> <td style="width: 25%; padding: 5px;">Telephone</td> <td style="width: 25%; padding: 5px;">(405) 607-8600</td> </tr> <tr> <td style="width: 25%; padding: 5px;">Name (Print/Type)</td> <td colspan="3" style="width: 75%; padding: 5px;">Kathryn L. Hester, Ph.D.</td> </tr> <tr> <td style="width: 25%; padding: 5px;">Signature</td> <td colspan="3" style="width: 75%; padding: 5px;"></td> </tr> <tr> <td style="width: 25%; padding: 5px;">Registration No. (Attorney/Agent)</td> <td colspan="3" style="width: 75%; padding: 5px;">46,768</td> </tr> <tr> <td style="width: 25%; padding: 5px;">Date</td> <td colspan="3" style="width: 75%; padding: 5px;">7-15-03</td> </tr> </table> |   |   |                | <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 30589<br><i>(Insert Customer No. or Attach bar code label here)</i> | or <input type="checkbox"/> Correspondence address below | Name | Dunlap, Coddling & Rogers, P.C. |  |  | Address | P. O. Box 16370 |  |  | Kathryn L. Hester, Ph.D. |  |  | City | Oklahoma City | State | OK | Country | USA | Telephone | (405) 607-8600 | Name (Print/Type) | Kathryn L. Hester, Ph.D. |  |  | Signature |  |  |  | Registration No. (Attorney/Agent) | 46,768 |  |  | Date | 7-15-03 |  |  |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label   | 30589<br><i>(Insert Customer No. or Attach bar code label here)</i> | or <input type="checkbox"/> Correspondence address below  |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| Name  | Dunlap, Coddling & Rogers, P.C.                                     |   |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| Address   | P. O. Box 16370   |   |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
|   | Kathryn L. Hester, Ph.D.  |   |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| City  | Oklahoma City   | State   | OK             |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| Country   | USA   | Telephone   | (405) 607-8600 |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| Name (Print/Type)   | Kathryn L. Hester, Ph.D.  |   |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| Signature   |   |   |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| Registration No. (Attorney/Agent)   | 46,768  |   |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |
| Date  | 7-15-03   |   |                |   |   |  |      |                                 |  |  |         |                 |  |  |                          |  |  |      |               |       |    |         |     |           |                |                   |                          |  |  |           |  |  |  |                                   |        |  |  |      |         |  |  |

SEND TO: Mail Stop - Patent Application  
Commissioner for Patents  
PO Box 1450, Alexandria, VA

10/6/2003  
9587 U.S. PTO



07/15/03  
7698 U.S. PTOExpress Mail No.: EV 318425689 US  
Date Deposited: 07/15/2003Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2003

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** 822

### Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | Not Yet Assigned |
| Filing Date          | 07/15/2003       |
| First Named Inventor | Donald E. Weder  |
| Examiner Name        | Not Yet Assigned |
| Art Unit             | Not Yet Assign   |
| Attorney Docket No.  | 8403.932         |

### METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

|                        |  |
|------------------------|--|
| Deposit Account Number | 04-1700  |
| Deposit Account Name   | Dunlap, Codding & Rogers, P.C.<br>Customer No. 30589 |

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

### FEE CALCULATION

#### 1. BASIC FILING FEE

| Large Entity        | Small Entity | Fee Code (\$)          | Fee Code (\$) | Fee Description | Fee Paid |
|---------------------|--------------|------------------------|---------------|-----------------|----------|
| 1001 750            | 2001 375     | Utility filing fee     |               | 750             |          |
| 1002 330            | 2002 165     | Design filing fee      |               |                 |          |
| 1003 520            | 2003 260     | Plant filing fee       |               |                 |          |
| 1004 750            | 2004 375     | Reissue filing fee     |               |                 |          |
| 1005 160            | 2005 80      | Provisional filing fee |               |                 |          |
| <b>SUBTOTAL (1)</b> |              | <b>(\$)</b>            | <b>750</b>    |                 |          |

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Independent Claims | Multiple Dependent | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------------|--------------------|--------------|----------------|----------|
| 24           | 20**               |                    | 4            | x 18           | =\$72    |
| 2            | 3 **               |                    | 0            | x 84           | =\$0     |
|              |                    |                    |              |                |          |

| Large Entity        | Small Entity | Fee Code (\$)  | Fee Code (\$) | Fee Description |
|---------------------|--------------|--|---------------|-----------------|
| 1202 18             | 2202 9       | Claims in excess of 20                                     |               |                 |
| 1201 84             | 2201 42      | Independent claims in excess of 3                          |               |                 |
| 1203 280            | 2203 140     | Multiple dependent claim, if not paid                      |               |                 |
| 1204 84             | 2204 42      | ** Reissue independent claims over original patent         |               |                 |
| 1205 18             | 2205 9       | ** Reissue claims in excess of 20 and over original patent |               |                 |
| <b>SUBTOTAL (2)</b> |              | <b>(\$)</b>  | <b>72</b>     |                 |

\*\*or number previously paid, if greater; For Reissues, see above

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

**Large Entity** **Small Entity**

| Fee Code (\$) | Fee Code (\$) | Fee Description  | Fee Paid |
|---------------|---------------|--|----------|
| 1051 130      | 2051 65       | Surcharge - late filing fee or oath  |          |
| 1052 50       | 2052 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053 130      | 1053 130      | Non-English specification  |          |
| 1812 2,520    | 1812 2,520    | For filing a request for <i>ex parte</i> reexamination                     |          |
| 1804 920*     | 1804 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805 1,840*   | 1805 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251 110      | 2251 55       | Extension for reply within first month                                     |          |
| 1252 410      | 2252 205      | Extension for reply within second month                                    |          |
| 1253 930      | 2253 465      | Extension for reply within third month                                     |          |
| 1254 1,450    | 2254 725      | Extension for reply within fourth month                                    |          |
| 1255 1,970    | 2255 985      | Extension for reply within fifth month                                     |          |
| 1401 320      | 2401 160      | Notice of Appeal   |          |
| 1402 320      | 2402 160      | Filing a brief in support of an appeal                                     |          |
| 1403 280      | 2403 140      | Request for oral hearing   |          |
| 1451 1,510    | 1451 1,510    | Petition to institute a public use proceeding                              |          |
| 1452 110      | 2452 55       | Petition to revive - unavoidable   |          |
| 1453 1,300    | 2453 650      | Petition to revive - unintentional   |          |
| 1501 1,300    | 2501 650      | Utility issue fee (or reissue)   |          |
| 1502 470      | 2502 235      | Design issue fee   |          |
| 1503 630      | 2503 315      | Plant issue fee  |          |
| 1460 130      | 1460 130      | Petitions to the Commissioner  |          |
| 1807 50       | 1807 50       | Processing fee under 37 CFR 1.17(q)  |          |
| 1806 180      | 1806 180      | Submission of Information Disclosure Stmt                                  |          |
| 8021 40       | 8021 40       | Recording each patent assignment per property (times number of properties) |          |
| 1809 750      | 2809 375      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 1810 750      | 2810 375      | For each additional invention to be examined (37 CFR 1.129(b))             |          |
| 1801 750      | 2801 375      | Request for Continued Examination (RCE)                                    |          |
| 1802 900      | 1802 900      | Request for expedited examination of a design application                  |          |

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)** 0

### SUBMITTED BY

(Complete if applicable)

|                   |                          |                                   |        |           |                |
|-------------------|--------------------------|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Kathryn L. Hester, Ph.D. | Registration No. (Attorney/Agent) | 46,768 | Telephone | (405) 607-8600 |
| Signature         |                          |                                   |        | Date      | 07/15/2003     |

**EXPRESS MAIL NO.: EV 318425692 US**  
**DATE DEPOSITED: July 15, 2003**

**PATENT**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Donald E. Weder )  
Serial No.: 09/892,157 ) Group No.: 1772  
Filed: October 10, 2001 ) Examiner: N. Ahmad  
For: RIBBON MATERIAL ) Atty. Dkt. No.: 8403.409  
FORMED OF POLYMERIC )  
MATERIALS HAVING A )  
TEXTURE OR APPEARANCE )  
SIMULATING THE TEXTURE )  
OR APPEARANCE OF )  
PAPER )

**C O P Y**

Mail Stop - Non-Fee Amendment  
Commissioner for Patents  
Post Office Box 1450  
Alexandria, Virginia 22313-1450

**NOTIFICATION OF FILING OF CONTINUING  
OR DIVISIONAL APPLICATION**

Notification is hereby being made of the filing of a:

continuation **(8403.932)**  
 continuation-in-part  
 divisional application for this case  
 on July 15, 2003.  
(date)

Respectfully submitted,



Kathryn L. Hester, Ph.D., Reg. No. 46,768  
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